24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
American Crossroads	C C00487363
Check If 24-hour report X 48-hour report New report Amends report	filed on M M M / D D / Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee XIGENT, INC.	Date
Mailing Address PO BOX 320129	11 07 2011 Amount
City State Zip Code	
ALEXANDRIA VA 22320	10000.00 Transaction ID : E.001
Purpose of Expenditure WEB DEVELOPMENT Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	Yresident ———
	Check One: Support Oppose
Laterial real-10-Date Fer Election	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee VSTHEBRAIN, LLC	Date
Mailing Address 1646 10 STREET S	11 07 2011
Mailing Address 1646 10 STREETS	Amount
City State Zip Code ARLINGTON VA 22204	13945.00
Purpose of Expenditure Category/ WEB PRODUCTION Type	Transaction ID : E.002 Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
	Check One: Support Oppose
	Disbursement For: Primary General O12 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	23945.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Margee Clancy [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	